CITY OF WHITEHORSE

WHITEHORSE CITY COUNCIL

# HEALTH AND WELLBEING IN WHITEHORSE 2013-2017

MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN

Acknowledgement of Country

In the spirit of reconciliation, Whitehorse City Council acknowledges the Wurundjeri people as the traditional owners of the land now known as Whitehorse and pays respect to its elders past and present.

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## EXECUTIVE SUMMARY

Welcome to Whitehorse's Health and Wellbeing Plan!

Over the next four years, Whitehorse City Council will deliver in partnership a significant number of strategies and initiatives that work towards improving the health and wellbeing of people who live, work and play in Whitehorse. This Whitehorse Municipal Public Health and Wellbeing Plan, *Health and Wellbeing in Whitehorse 2013-2017* (the Plan) is Council's fifth plan for the area and represents Council's long term commitment and endeavours towards improving the health and wellbeing of the municipality. This Plan builds upon the work undertaken in previous plans, strengthening Council's approach to supporting a liveable city for all.

Health and wellbeing is not merely about disease and illnesses. Living in a safe and sustainable environment, having adequate housing, access to services, open space and recreation, art and culture, income, education and connections to family and community all have an influence on health and wellbeing. Local governments have a central role in protecting, improving and promoting the conditions which support and encourage healthier lives[1]. This Plan aims to address the key elements of the *Environments for Health*[a], a framework for Council to create better social, built, environmental and economic conditions for the community.

*Health and Wellbeing in Whitehorse 2013-2017* meets the requirements under the *Public Health and Wellbeing Act 2008* and is based on extensive community consultation with residents, visitors and workers, as well as partner organisations. The Plan is strongly aligned with the *Whitehorse Council Vision 2013-2023* and the *Whitehorse Council Plan 2013-2017*, sharing the following goals for the municipality:

1. **Support a healthy, vibrant, inclusive and diverse community**
2. **Maintain and enhance our built environment to ensure a liveable and sustainable city**
3. **Protect and enhance our open space and natural environments**
4. **Provide strategic leadership and an open and accessible government**
5. **Support a healthy local economy**

These strategic directions underpin Council's commitment to a vibrant and prosperous community. Objectives underneath each strategic direction detail how Council, in partnership, will respond to priorities. *Figure 1* depicts the relationship between the strategic directions, health and wellbeing priorities and the way in which Council will address the factors influencing health and wellbeing to address these priorities.

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[a] Planning for health and wellbeing at the local government level is guided by the *Environments for Health*, the Department of Health's planning policy framework. The framework looks to identify and encourage Councils to work on the non-medical, non-physiological factors that have an impact on the health and wellbeing of the community. It traditionally divides these influences into four 'environments'- the built, social, economic and natural environments.

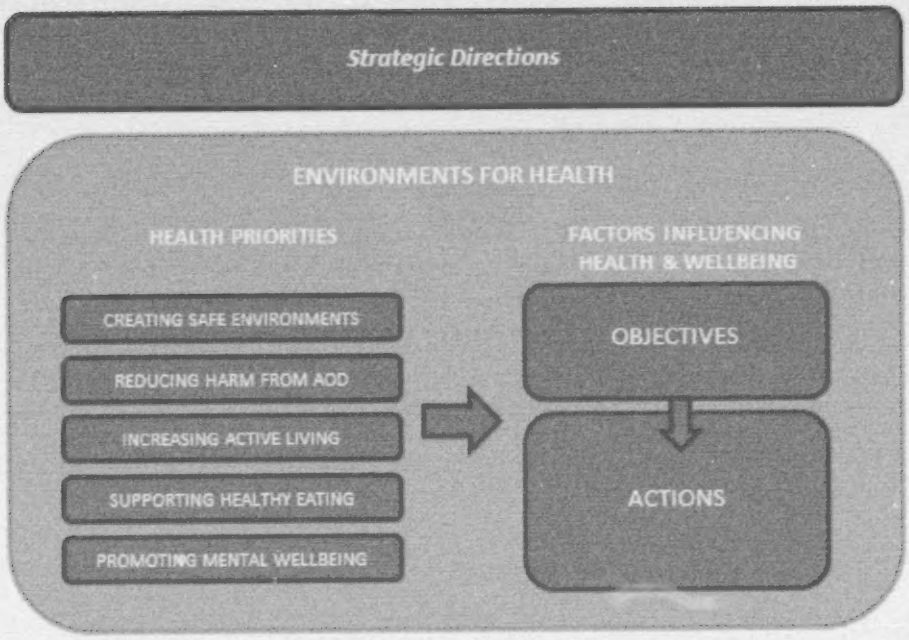


*Figure 1- Response to Health Priorities*

A detailed data analysis of the available evidence on Whitehorse's health and wellbeing, an assessment of national, state and local policies and a comprehensive community engagement process, identified the following priorities for action in Whitehorse:

| | | | | |
|---|---|---|---|---|
| CREATING SAFE ENVIRONMENTS | REDUCING HARM FROM ALCOHOL AND OTHER DRUGS | INCREASING ACTIVE LIVING | SUPPORTING HEALTHY EATING | PROMOTING MENTAL WELLBEING |

Over the next four years, the priorities will be addressed by taking action across Council through existing plans and strategies and some new initiatives; as well as being a platform to build new external partnerships and continuing to work with those already established. Whitehorse City Council looks forward to working in partnership to meet the aspirations for a more liveable community.

## INTRODUCTION

Whitehorse City Council's Municipal Public Health and Wellbeing Plan *Health and Wellbeing in Whitehorse 2013-2017* describes the work Council will undertake in partnership with the community and with key State and local organisations over the next four years to improve the health and wellbeing of the municipality.

The development of *Health and Wellbeing in Whitehorse 2013-2017* (the Plan) provides the framework for Council and key local organisations to deliver creative, innovative and tailored strategies for the Whitehorse population to enable people to lead healthier lives. The strategies outlined complement and build upon the *Whitehorse Council Vision 2013-2023* and the four year *Whitehorse Council Plan 2013-2017*.

The Plan provides an overview of health and wellbeing in the Whitehorse community and outlines Council's commitment to population health planning[b], health promotion and illness prevention for the municipality. Council will take the lead and facilitate conversations, advocate on behalf of local issues and develop programs in partnership using local knowledge from the key organisations and community groups to achieve a tailored and local approach.

## WHAT IS PUBLIC HEALTH AND WELLBEING?

The scope of public health is defined in the *Victorian Health Priorities Framework 2012-2022*[2]:

*"Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy. Public health focuses on prevention, promotion and protection rather than on treatment, on populations rather than individuals, and on the factors and behaviour that cause illness and injury."*

Health and wellbeing is defined more explicitly in the World Health Organisation (1946) definition as: *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*

## WHAT DOES THIS MEAN FOR WHITEHORSE?

Over the past few decades, there have been major improvements in the health and wellbeing of people living in Victoria. Significant developments in health prevention and protection have brought about an increase in life expectancy and many of the risks to our health and wellbeing have reduced. However, as some risks have decreased others have increased, causing a greater burden from chronic diseases and disability. For example, it is estimated that more than one third of all premature deaths in Australia are the result of chronic preventable diseases, many associated with overweight and obesity[3]. In addition, there are also other pressures of modern life such as housing stress or less time to relax, which can affect the mental health and connections to family and the community as a whole.

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[b] Population health planning aims to improve the health and wellbeing of whole populations, and to reduce inequities between specific population groups. It takes into account the environmental, economic, political, social, cultural and behavioural factors that contribute to the health and wellbeing of communities and populations. Population health planning is grounded in effective and meaningful community, inter-sectoral and whole-of-government partnership (Victorian Healthcare Association, 2012)

[SOCIAL DETERMINANTS OF HEALTH]

## THE SOCIAL DETERMINANTS OF HEALTH ARE THE ECONOMIC AND SOCIAL CONDITIONS THAT INFLUENCE THE ABILITY OF PEOPLE AND COMMUNITIES TO ACHIEVE GOOD HEALTH - FOR EXAMPLE, INCOME, EMPLOYMENT, ACCESS TO EDUCATION, AND ACCESS TO HEALTHCARE

Over the next four years, as the population grows, people live longer and additional modern day pressures surface, new challenges will emerge and will need to be addressed. Some groups in the community are already vulnerable, while other vulnerable groups will emerge and disparity in health may continue to increase[4]. While this creates growing challenges in improving the health of the population, Whitehorse City Council is committed to being adaptable to change and will advocate on behalf of the most vulnerable people in the community to improve their health and wellbeing.

Local governments have a critical role in facilitating better community health and wellbeing outcomes through a population focus, closeness to the community and the ability to influence the wider social determinants of health. *Health and Wellbeing in Whitehorse 2013-2017* is a plan for the future of the Whitehorse municipality.

## A SNAPSHOT

The following profile was obtained from the 2011 Australian Census.

Whitehorse is a commercial and residential municipality located 15 kilometres east of Melbourne and covers an area of 64 square kilometres. Whitehorse has an estimated residential population of 159,133 as of the 30th June 2012[5]. Younger residents aged 24 or less are slightly underrepresented in the population, while older residents aged 65 plus are slightly overrepresented. Nine per cent of residents are aged 75 or over, higher than the Victorian average of 7 per cent. The proportion of the population who identify as Aboriginal or Torres Strait Islander is 0.2 per cent, below the Victorian average of 0.7 per cent.

Whitehorse is a culturally diverse community. The 2011 Census reported that one third of residents were born overseas and one quarter came from a non-English speaking background. The top five overseas countries of birth other than Australia are: China, the United Kingdom, India, Malaysia and Vietnam. Our large Chinese population is a real feature of the municipality, with 7.3 per cent of residents born in China. The number of residents born in Asia is increasing in Whitehorse, not only reflecting broader immigration trends, but also in part due to the growing international student population. International students attend Box Hill Institute, Deakin University and some local high schools.

The most commonly occurring household type in Whitehorse is couples with children (34 per cent). Approximately one quarter of households are comprised of couples and lone persons respectively which given the ageing population in Whitehorse is likely to grow. Whitehorse has a larger proportion of lone person households relative to Melbourne, which is consistent with the high proportion of residents aged over 75. Household size in Australia has declined since the 1970s but between 2006 and 2011, it remained stable for the nation as a whole. [6]

For more information on the population of Whitehorse, please see *Appendix A*.

## OUR VISION

### COUNCIL VISION

The *Whitehorse Council Vision 2013-2023* outlines the long term aspirations of Councillors, community and staff of the City of Whitehorse. The outcomes of extensive consultation undertaken in 2012-13 are articulated in the following statement:

*We aspire to be a healthy, vibrant, prosperous and sustainable community supported by strong leadership and community partnerships*

The City of Whitehorse will be:

- One of the most liveable and sustainable municipalities in Melbourne
- Recognised for the quality of its open space and natural environment
- A community rich in culture and diversity that is inclusive, healthy and vibrant
- A well governed city that has a healthy and strong relationship with the community
- A prosperous and well supported local economy

### MISSION

Whitehorse City Council, working in partnership with community to develop and grow our municipality through good governance, proactive strategic planning and advocacy, efficient, responsive services and quality infrastructure.

### VALUES

In pursuing its goals, Whitehorse City Council is committed to the following values

- Consultation and Communication
- Democracy and Leadership
- Equity and Social Justice
- Integrity
- Openness and Accountability
- Sustainability
- Wellbeing

### STRATEGIC DIRECTIONS

The aspirations outlined in the *Whitehorse Council Vision 2013-2023* are further underpinned in the following key strategic directions Whitehorse City Council commits to:

1. Support a healthy, vibrant, inclusive and diverse community
2. Maintain and enhance our built environment to ensure a liveable and sustainable city
3. Protect and enhance our open space and natural environments
4. Strategic leadership, partnership and open and accessible government
5. Support a healthy local economy

These five strategic directions form the basis of Whitehorse's Municipal Public Health and Wellbeing Plan, *Health and Wellbeing in Whitehorse 2013-2017*.

## COUNCIL PLANNING FRAMEWORK

**The Council Planning framework details the relationships between various Council plans and strategies. As depicted in the diagram, Whitehorse Council have a strong commitment to health and wellbeing, with the Whitehorse Municipal Public Health and Wellbeing Plan sitting alongside council's other high level strategic documents.**

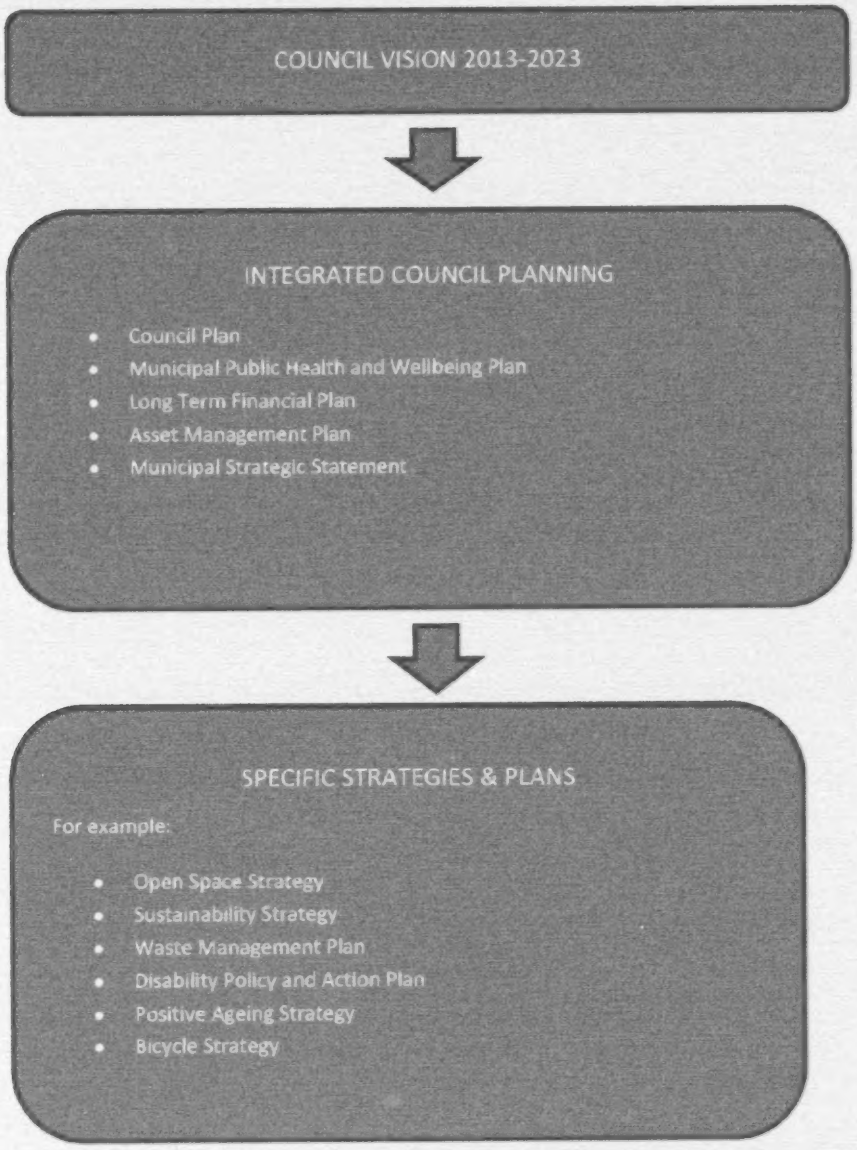



*Figure 2 – Council Planning Framework*

## OUR APPROACH

### INTEGRATED PLANNING

The ongoing development of integrated planning processes is a priority for Whitehorse City Council. In the development of this Plan, Council combined the consultation and engagement process of Council's ten year Vision, Council's four year Council Plan and the Municipal Public Health and Wellbeing Plan. The integrated process was broad, including a range of opportunities for residents, community groups and local businesses to provide input into the strategic direction of Whitehorse.

Changes to the *Public Health and Wellbeing Act 2008* provide an opportunity for local governments to integrate their Council Plan and Municipal Public Health and Wellbeing Plan. Following an investigation of the previous planning cycle, Whitehorse City Council decided to undertake a partial integration of the Council Plan and Municipal Public Health and Wellbeing Plan. The Council Vision review as a visionary overarching document also formed part of the process.

The partial integration process involved Council undertaking combined planning, information collection and community engagement processes for the three plans and subsequently developing individual plans with common strategic directions.

### GOVERNANCE

The governance structure for the Plan involved two working groups with an acknowledgement of the different skills sets and different focus of each. The internal working group was devised to feed into the Council Vision, Council Plan and Municipal Public Health and Wellbeing Plan with knowledge of internal drivers and policy and a focus on ensuring a link between the three plans. The external working group made up of key partnership organisations including the Department of Health, Department of Justice, Inner East Melbourne Medicare Local, Inner East Primary Care Partnership, Whitehorse Community Health Service and Women's Health East, were able to provide health and wellbeing expertise and bring opportunities for partnerships and shared priorities. The external working group will continue to provide expertise in the implementation phase.

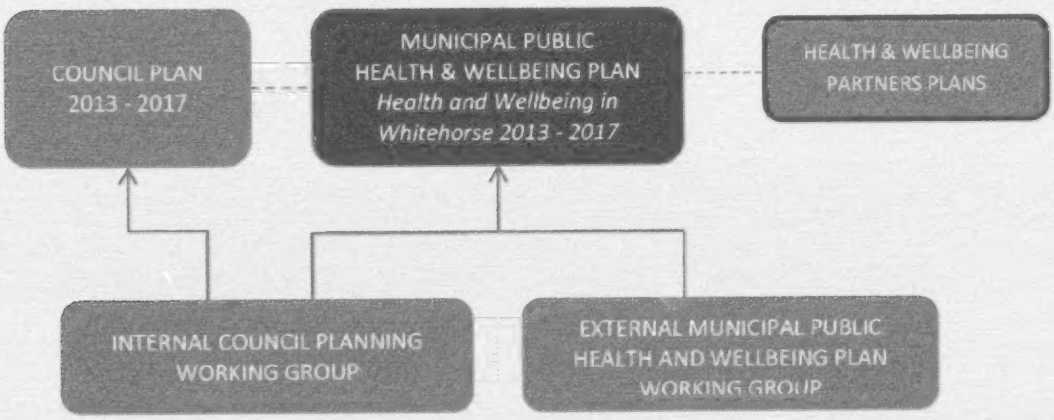
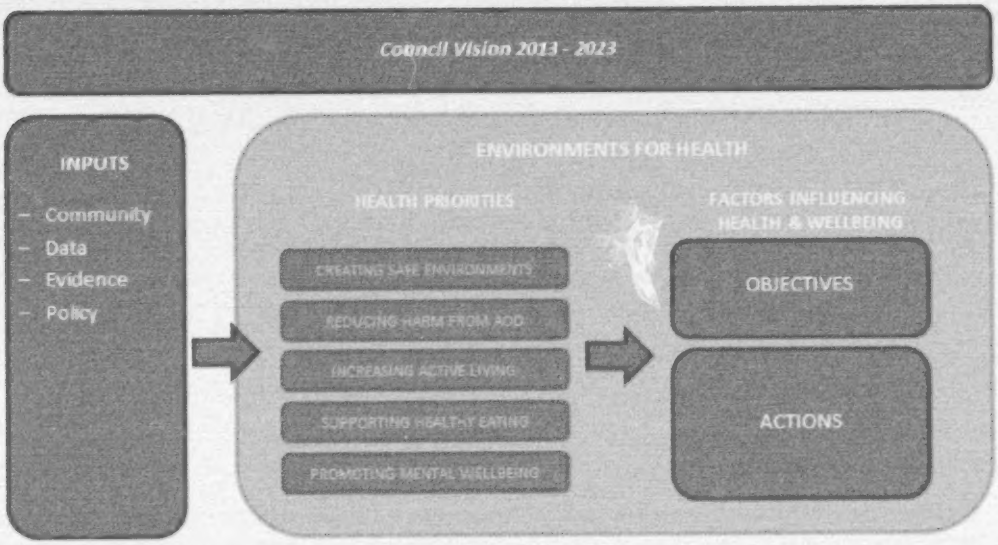



*Figure 3 – Governance Structure*

## PROCESS

A comprehensive process was undertaken to develop the Whitehorse Municipal Public Health and Wellbeing Plan, *Health and Wellbeing in Whitehorse 2013-2017*. The diagram below depicts how Council will take action to achieve health and wellbeing benefits across the identified health priorities.




## HEALTH AND WELLBEING IN WHITEHORSE

Collation and detailed analysis of available health and wellbeing data and evidence specific to the City of Whitehorse was undertaken with a suite of fact sheets developed summarising the health and wellbeing status of the community. A snapshot is provided below using data sourced from Community Indicators Victoria[7]:

- 48% of persons living within Whitehorse self-reported in 2007 that their health was either excellent or very good. This is less than for Victoria at 54%.
- In 2011, 28.1% of people employed in Whitehorse also lived in Whitehorse. In the Eastern Metropolitan Region[c] this figure is 30.3%.
- 94.5% of persons living within Whitehorse reported in 2008 that they could definitely get help from friends, family or neighbours when they needed it compared with 91% in the Eastern Metropolitan Region.
- In 2011, 13.6% of Whitehorse residents reported being current smokers compared with 17.8% in the Eastern Metropolitan Region.
- In 2011, 54.3% of persons in Whitehorse agreed or strongly agreed that cultural diversity is a good thing for a society compared to 50.6% in Victoria.

[c] The Eastern Metropolitan Region comprises the seven local governments in the east: Whitehorse, Booroondara, Knox, Manningham, Maroondah, Monash and Yarra Ranges.

- Of those aged 15 years or older and living in Whitehorse, 59.6% were employed in 2011, compared to 62.3% in the Eastern Metropolitan Region and the Victorian State average of 61.3%. Likely this statistic is a reflection of the ageing Whitehorse population.
- 55.8% of employed persons living in Whitehorse in 2011 disagreed or strongly disagreed that their work and family life often interfere with each other, and felt that they had a good balance of work and family. This compares with the Victorian figure of 53.1%.

Please see *Appendix A* for detailed fact sheets.

## LEGISLATIVE AND POLICY CONTEXT

The Victorian *Public Health and Wellbeing Act 2008* (the Act) describes the requirement for local governments to produce a Municipal Public Health and Wellbeing Plan every four years. The Act outlines the obligations of local governments to review evidence and data on health and wellbeing as well as to engage with the community to identify strategies to achieve maximum health and wellbeing. A number of other legislative documents including the *Local Government Act 1989* and the *Climate Change Act 2010* also feed into *Health and Wellbeing in Whitehorse 2013-2017*.

There are a number of key policy documents driving the health protection and prevention efforts across local, state and federal levels. The policy documents feeding into the Plan include (but are not limited to):

- *National Partnership Agreement on Preventative Health 2008*
- *Victorian Health Priorities Framework 2012-2022*
- *Victorian Public Health and Wellbeing Plan 2011-2015*
- *VicHealth Action Agenda for Health Promotion 2013-2023*

These policy documents are an important mechanism for supporting the identification of health priorities and subsequent strategies for the City of Whitehorse.

Further detail regarding policy and legislative context can be found in *Appendix B and C*.

## COMMUNITY ENGAGEMENT

Consultation was undertaken jointly for the Council Vision, Council Plan, and Municipal Public Health and Wellbeing Plans with over 2,500 people participating in the process. A Community Engagement framework was developed with the support of Council's internal Community Engagement Champions group - staff who have undertaken specific training in community engagement processes. The main aim of the community engagement process was to obtain a broad range of feedback through providing multiple options for people to participate. The options ranged from providing quick, succinct feedback in the form of a survey, or more in-depth feedback through workshops or via Council's online portal *Your Say Whitehorse*.

[SOCIAL ENVIRONMENT] DETERMINES THE EXTENT TO WHICH WE ARE ABLE TO FORM MEANINGFUL RELATIONSHIPS, PARTICIPATE AND BE ENGAGED IN OUR COMMUNITY

Summary of the engagement process:

- 66 children drew pictures representing "What living in Whitehorse means" at Spring Festival in October 2012
- 70 Council staff attended workshops in December 2012
- 73 community members and agencies attended workshops in February 2013
- 439 people engaged on *Your Say Whitehorse*, with 123 completing surveys, quick polls and discussion forums during Jan – March 2013
- 41 staff attended a leadership workshop March 2013
- Over 2,000 picture surveys completed (500 with written comments)

Detailed information on the consultation options can be found in *Appendix D*.

## THIS 2013-2017 PLAN

The health and wellbeing of our communities is not just a medical issue. There are many factors that influence people's health and wellbeing. These include our built, social, natural and economic environments. Good health and wellbeing is about feeling safe, having access to services, employment, income, housing, and social networks. *Health and Wellbeing in Whitehorse 2013-2017* aims to create the environments that enable and encourage people to lead healthier lives. This acknowledges the differing health outcomes experienced by groups within the community and looks to reduce these inequities[4].

*Health and Wellbeing in Whitehorse 2013-2017* is based on evidence that illustrates the greatest areas of need for the City of Whitehorse and an approach to broadly improving the health and wellbeing of the Whitehorse community. Whilst meeting the requirements of the *Public Health and Wellbeing Act 2008*, the Plan intends to achieve lasting improvements by focusing on health and wellbeing determinants and systems-level activity. The Plan is designed to complement national and state policy and priorities. This is Council's fifth plan and builds upon the work of the previous four plans.

Whitehorse City Council acknowledges that significant change will take time to occur and there are a number of other organisations in the community which we will partner with Council to support health promotion and prevention initiatives.

[4] Equity means fairness and creating equal opportunities for health. Health inequity is concerned with the uneven distribution of health that may be unnecessary and avoidable as well as unjust and unfair (WHO 2013).

## PARTNERS IN PREVENTION

Whitehorse City Council has strong partnerships with many health and community agencies, educational institutions, businesses and state and local government departments. These partner agencies all work towards improving the health and wellbeing of the Whitehorse community.

The Victorian Department of Health has aligned planning cycles for the Integrated Health Promotion Program such that community health, women's health services, primary care partnerships and councils can better align their priorities[8].

This Plan builds on existing collaborations and relationships with the following high level strategic partners and provides for opportunities to share priorities and action to improve health and wellbeing:

### WHITEHORSE COMMUNITY HEALTH SERVICE

Whitehorse Community Health Service (WCHS) provides a large range of health services primarily to the Whitehorse Local Government Area including integrated health promotion. Their current Integrated Health Promotion Plan 2009-2013 has a focus on Food Security[c], the Prevention of Violence against Women and Social Inclusion. Whitehorse Community Health Service are developing their Integrated Health Promotion Plan for 2013-2017.

### WOMEN'S HEALTH EAST

Women's Health East is a regional women's health promotion agency working across the Eastern Metropolitan Region of Melbourne. Our vision is equality, empowerment, health and wellbeing for all women in the East.

Women's Health East acts to improve women's health and wellbeing through leading, partnering, shaping, informing and delivering responses that address the needs of women. Two of their major areas of focus include the prevention of violence against women and the promotion of gender equity for health outcomes.

### INNER EAST PRIMARY CARE PARTNERSHIP

The Inner East Primary Care Partnership (IEPCP) facilitates partnership and collaboration of health and community service providers to strengthen health promotion and the planning, co-ordination and delivery of services in Inner East Melbourne. The IEPCP works closely with Local Government and stakeholders via a population health approach to address the determinants of health via strategic partnerships in areas of shared priority including the Prevention of Violence against Women, Social Isolation, Mental Health, Ageing, Healthy Living and Chronic Disease.

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[c] The World Food Summit of 1996 defined food security as existing "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life".

## INNER EAST MELBOURNE MEDICARE LOCAL

Inner East Melbourne Medicare Local (IEMML) is a federally funded agency aiming to drive improvements in primary health care in the Inner East. IEMML are currently developing a population health plan in partnership with regional services using the following priorities:

- Prevention of violence against women
- Strengthening mental health and wellbeing
- Creating connected communities
- Supporting healthy and sustainable environments
- Preventing and managing chronic disease

## DEPARTMENT OF HEALTH

The Department of Health's core objective is to achieve the best health and wellbeing for all Victorians. This is accomplished through planning, policy development, funding and regulation of health service providers and activities which promote and protect Victorians' health. Their work is guided by the *Victorian Public Health and Wellbeing Plan 2011-2015* which aims to improve the health and wellbeing of Victorians by engaging communities and strengthening systems for health protection, health promotion and preventative healthcare across all sectors and levels of government[9].

## DEPARTMENT OF JUSTICE

The Department of Justice delivers high-quality services to Victorians and supports a safe, just, innovative and thriving Victoria. Developed in 2013, the Eastern Metropolitan Region Crime Prevention Plan reflects three main priorities:

1. Disproportionate youth offending is reduced, specifically, rates of recidivism and revictimisation;
2. Family violence is prevented and women and children's safety is protected;
3. Communities feel safe to use and congregate in public spaces.

[ECONOMIC ENVIRONMENT]

# THE ENVIRONMENT THAT DETERMINES ACCESS TO WORTHWHILE EMPLOYMENT, AFFORDABLE HOUSING AND AFFORDABLE FOOD

## WHAT DID WE FIND OUT?

Overall, the City of Whitehorse experiences good health and wellbeing, with the average male in Whitehorse expected to live to the age of 81, and female to the age of 85[10]. This is higher than the state average of 80.3 years for males and 84.4 years for females. A lower than average proportion of people report fair or poor health (12.9% in Whitehorse compared to 18.3% in Victoria)[11].

Subjective wellbeing was measured in the *2011 VicHealth Indicators Survey*[12] using the Australian Unit Wellbeing Index (AUWBI). Respondents were asked to rate their satisfaction with their lives on a number of domains resulting in an aggregated Personal Wellbeing Index ranging from 0-100. The average Personal Wellbeing Index for Australians is approximately 75. For Whitehorse residents it was 77.4, higher than the Australian average and an increase from the 2007 figure of 76.1[13]. This is also comparable with the State averages at 77.5. The Personal Wellbeing Index was higher for females in Whitehorse as compared with males (78 vs. 76.8).

Despite the overall level of health and feeling of wellbeing experienced in Whitehorse, there is a significant burden of avoidable chronic diseases. Additionally, there are pockets of disadvantage and some groups within the community who are more vulnerable experience higher levels of chronic disease and ill-health. Health and wellbeing is not equally distributed. *Health and Wellbeing in Whitehorse 2013-2017* aims to be proactive in keeping the population well, and reducing the number of people at risk of poor health and wellbeing.[14]

Listed below are Whitehorse City Council's health and wellbeing priorities for 2013-2017.

In the development of this Plan, Council combined the consultation and engagement process of Council's ten year Vision, Council's four year Council Plan and the Municipal Public Health and Wellbeing Plan. The consultation process was broad and included a range of opportunities for residents, visitors, workers, local organisations, community groups and local businesses to provide input into the strategic direction of Whitehorse. The five priorities below were identified by Council through this consultation process, as well as by using research and analysis of the available data on health and wellbeing and taking into consideration Federal, State and local policy context. These are health and wellbeing priorities for the whole municipality, however Council acknowledges there are groups within the municipality experiencing a greater level of disadvantage. These groups will be identified with specific strategies outlined in some of the plans and strategies that sit underneath the Plan, both within the Council and the community.

These priorities are not exclusive; they are interconnected and overlap in their impact on health and wellbeing. The priorities are also aligned with several priority health issues at the state and federal level.

Feeling safe and secure is an important influence on health and wellbeing. Neighbourhoods which are perceived as safe, foster community participation, encourage physical activity, community connectedness and add to the health and wellbeing of people who work, live and play in the area[15]. Community safety relates to both the community's perception of community safety risks to wellbeing, as well as the actual incidence of crime and injury. Local government and their partners (e.g. Victoria Police) have an integral role to play in the creation of safe environments through the delivery of services, fostering of social connectedness and planning for the built environment.

YOU SAID:

*Improved safety, particularly around Box Hill.*

## SAFE PUBLIC SPACES

Use of the word "safety" often implies a neighbourhood or community is unsafe. In reality, the City of Whitehorse has significantly lower crime rates than the Eastern Metropolitan Region average and lower crime rates than the Victorian average [16]. In Whitehorse there were 465 recorded crimes against the person per 100,000 population in 2011-12, compared to 509 in the Eastern Metropolitan Region and the Victorian state average of 984. In Whitehorse, there were 3058 recorded crimes against property per 100,000 population in 2011-12, compared to 3273 in the Eastern Metropolitan Region and the Victorian state average of 4897. Despite the low crime rate in Whitehorse, safety emerged as one of the top three priorities for Council in the Council Priorities Survey, with ten per cent of people nominating safety as a key priority for Council. Some of the key comments from the community around safety included the need to feel safe when walking around the streets during the day and at night, with a specific emphasis on public transport, and the need for improved street lighting to facilitate this. Additional comments related to safety as a pedestrian, crossing streets and the impact of speeding cars.

Consistent with these comments are perceptions of safety as identified in the VicHealth Indicators Survey 2011[17]. Respondents were asked to rate how safe they felt when walking alone in their local area during the day and at night. When walking alone in their local area during the day 98.2% of persons living in Whitehorse felt safe or very safe, compared to 98.3% in the Eastern Metropolitan Region and the Victorian State average of 97%. Males in Whitehorse were more likely to feel safe than females (99.5% vs. 96.9%). When walking alone at night 68% of persons in Whitehorse felt safe or very safe, compared to 71.6% in the Eastern Metropolitan Region and the Victorian State average of 70.3%. Males in Whitehorse were much more likely to feel safe than females (87.7% vs. 48.5%).

## FAMILY VIOLENCE

Violence against women is the leading contributor to death, disability and illness in Victorian women aged 15-44 years, contributing 9% to the total disease burden[18]. The greatest proportion of this is from mental health problems such as depression and anxiety. Family violence incidents[f] per 1,000 population are recorded by Victoria Police. In 2011, Whitehorse's measure of family violence incidents was 4.4 per 1,000, the highest incidence in Whitehorse since data was first available in 2004, making this a significant safety issue. Whitehorse records family violence incidents are in the mid-range of the Eastern Metropolitan Region (3.1-8.9). Feedback received during the community workshops articulated an emphasis on safety in the home and the elimination of family violence.

## INJURY PREVENTION

Injury Prevention is a National Health Priority Area as well as a state priority in the *Victorian Public Health and Wellbeing Plan 2011-2015*. The Victorian Injury Surveillance Unit (VISU) records unintentional injuries treated in hospital per 1,000 population. Whitehorse Local Government Area (LGA) has the second highest percentage in the state of unintentional injuries[g] due to falls at 47.5 per 1,000 population. This compares to the Victorian average of 37.6 per 1,000 population.

[f] Incidents are not necessarily offences; typically only about 25% of incidents result in a formal charge.

[g] Unintentional injuries are those where the injury is not caused on purpose and there is no intent to harm.

## 2. REDUCING HARM FROM ALCOHOL AND OTHER DRUGS

Alcohol and drug-related harm is closely associated with road crashes, injuries, and adverse social consequences. There are also impacts on the community including litter, antisocial behaviour, violence, vandalism and other road safety issues which link to perceptions of safety. Excessive alcohol consumption in the long-term increases the risk of diseases such as diabetes, obesity, mental health conditions and cancers[19]. Local governments have an important role in preventing harm from alcohol and other drugs in neighbourhoods. The community engagement process undertaken noted the impact of antisocial behaviour, vandalism and a lack of cleanliness in public spaces on health and wellbeing and its priority for the local community, with 6.2% of survey respondents stating clean and attractive public spaces as a top priority.

### ALCOHOL

The National Preventative Health Taskforce (NPHT) has calculated that more than 42 million incidents of binge drinking occur in Australian communities each year[20], with harmful alcohol use a national priority. The first whole-of-government strategy to reduce the impact of alcohol and drug abuse on Victoria was released in January 2013, *Reducing the alcohol and drug toll. Victoria's plan 2013-2017*[21]. *VicHealth's Action Agenda 2013-2023* also identifies prevention of harm from alcohol as a key priority, noting alcohol as one of the top 10 avoidable causes of disease and death in Victoria[22]. This aligns with the *Victorian Public Health and Wellbeing Plan 2011-2015* also noting the impacts of risky drinking on health and wellbeing.

The *2001 Australian Alcohol Guidelines* specify the risks of short and long term alcohol-related harm by level of alcohol consumption in males and females[23]. More than one in ten males (12%) and 5% of females in Whitehorse consumed alcohol at least weekly at a risky or high risk level for short term harm. Whitehorse also have a relatively high alcohol-related hospital admission rate (66.3 per 10,000 people) compared with the Eastern Metropolitan Region and Victoria (62.2 and 62.9 respectively). Alcohol-related attendances[h] were recorded in the Turning Point Alcohol and Drug Centre report, *Trends in alcohol and drug related ambulance attendances in Victoria 2011/12*. In 2011/12 Whitehorse recorded 207 alcohol-related attendances, an increase of 21.76% from 2010/11 (170 attendances).

There were increases in the number of alcohol-related attendances in all inner city Local Government Areas (LGAs) and also the rest of metropolitan Melbourne noting the severity of this issue across the whole of Melbourne.

[h] Alcohol-related attendances are defined as those cases attended by ambulance where assessment of causality is that only alcohol, as far as could be ascertained, was involved in causing the attendance. These cases usually relate to alcohol intoxication and poisoning, but may include alcohol-related injuries.

## OTHER DRUGS

According to the Turning Point report, *Alcohol and Drug related Ambulance Attendances 2011/12* trends in cannabis-related attendances across metropolitan Melbourne have declined over the past two years, and regional Victoria over the past 12 months[24]. Whilst the downward trend over the past two years has been modest, the increase in attendances over the last decade has been significant, with nearly double the number of cannabis-related attendances in 2011/12 (936) than in 2002/03 (502) in metropolitan Melbourne[25].

## SMOKING

Tobacco smoking is the leading single preventable cause of disease and death in Victoria[26] and a state-wide priority identified in the *Victorian Public Health and Wellbeing Plan 2011-2015*. In the 2011-12 Victorian Population Health Survey, 11.6% of Whitehorse residents identified as current smokers[i]. This is less than the Victorian average at 15.6%[27]. While Whitehorse has lower smoking rates than the Victorian average, smoking is still identified as a community concern. Responses from the community support this priority with multiple comments noting smoking in outdoor spaces as areas of concern. In line with the Victorian average (69.8%), the majority of Whitehorse residents (72.1%) support a smoking ban in outside dining areas[28].

[i] The Victorian Population Health Survey 2011 defines current smokers as those who smoke daily or occasionally.

[GREEN SPACE]

GREEN SPACES ARE PUBLIC AREAS THAT ARE FREE, LOCAL AND CAN BE USED BY MOST PEOPLE IN THE COMMUNITY

Active Living is a way of life that integrates physical activity and recreation activities into everyday routines to encourage healthier lifestyles[29]. Active living uses forms of active transport to reach places where people live, work and play – for work, shopping, entertainment and for recreation.

The National Preventative Health Taskforce and the Heart Foundation of Victoria identify significant opportunities for local governments to improve the built environment and place a greater focus on active transport to increase population physical activity levels.[30] Active transport has the ability to reduce social disadvantage by providing affordable transport options, increased incidental physical activity and enhanced social interaction and connectedness. Creating a bicycle and walking friendly environment increases accessibility and social amenity for all Australians.[31]

Transport provides an essential role in communities. It provides access to workplaces and services, increases mobility and reduces social isolation.[32] Over the past few decades there has been a significant increase in reliance on cars and other motorised forms of transport and a concurrent reduction in incidental physical activity. The car-oriented design in transport systems and perceived lack of choice by individuals has seen increasing reliance on the car, associated traffic congestion, less walking of short distances and increases in sedentary behaviour as we spend more time driving[33]. More trips are being made by car whilst walking, cycling and public transport usage has declined. Additionally, motorised transport has seen an increased dependence on fossil fuels which contributes to climate change bringing about significant risks and long term impacts on our climate.

YOU SAID

*We need more walkways and bike tracks to encourage community connection and fitness.*

## PHYSICAL ACTIVITY

Physical inactivity is a significant risk factor for cardiovascular disease, type 2 diabetes, obesity and falls among the elderly[34]. Increasing participation in physical activity has health, social and economic benefits. Participation in physical activity can reduce the risk of chronic disease, promote mental wellbeing and increase social connectedness[35]. In 2011, 37.2 per cent of people living in Whitehorse did not meet the physical activity guidelines[36], showing no change from 2008.

Nationally, obesity and cardiovascular health are priority areas for preventative action. The *Victorian Public Health and Wellbeing Plan 2011-2015* identifies Physical Activity as a state-wide priority over the next four years. *VicHealth's Action Agenda for 2013-2023* also identifies encouraging regular participation in physical activity as a key priority.

YOU SAID

*Continue the excellent care council gives open spaces, they are beautifully maintained*

High levels of physical activity are positively associated with the availability and use of green space[37]. Those who live in safe neighbourhoods and near green spaces tend to be more physically active, are less likely to be overweight or obese and enjoy general better health and wellbeing. This is even more apparent in the elderly. Contact with green space has also been found to promote mental wellbeing, reducing stress levels and blood pressure and increasing self-reported health[38]. Increased green space can also improve perceptions of safety and lead to an actual reduction in crime rates (as measured in police reports)[39]. In the 2011 VicHealth Indicators survey, visits to green space at least once a week in the 3 months prior to the survey were measured. 48.5% of Whitehorse residents visited green space, which is lower than Eastern Metropolitan Region average of 51.3% and also lower than the state average of 50.7%.

## ACTIVE TRANSPORT

Active transport relates to physical activity undertaken as a means of transport. It includes travel by foot, bicycle and other non-motorised vehicles. Use of public transport is also included in the definition as it often involves some walking or cycling to pick-up and from drop-off points. Active transport does not include walking, cycling or other physical activity that is undertaken for recreation."[40]

YOU SAID:

*Advocate for better transport connections*

In 2012, data provided by the Department of Health[41] placed the municipality at the top of the state, by identifying that 100% of the population had access to some form of public transport. This means that all people in Whitehorse live within 400 metres of a bus stop and/or tram stop and/or 800 metres of a train station. This is considerably higher than the Victorian average at 74.3% although, metropolitan municipalities would be expected to perform better in this respect. Despite this figure there are still a number of gaps in accessing public transport. 2011 Census data shows that travel by private vehicles (car – as driver, car – as passenger, motorbike, or truck) remains the dominant form of transport to work for residents in Whitehorse, at 63% (44,608 residents). Only 17% of residents (12,147 residents) caught public transport to work (train, bus or tram). This is despite 30% of residents both living and working in the area. Also, just 3% of residents rode their bike or walked to work, which is less than the equivalent for Greater Melbourne at 4.2%. 4.0% of residents worked from home.

In the *2011 VicHealth Indicators Survey* respondents were asked if their day to day travel had been limited or restricted in the previous 12 months. 20.8% of persons living in Whitehorse have experienced transport limitations in the previous year, compared to 19.8% in the Eastern Metropolitan Region. This is highly consistent with consultation feedback, with transport being identified as one of the top five priorities for survey respondents (8.3% of people).

[i] Green spaces are public areas that are free, local, and can be used by most people in the community

Easy access to healthy food choices where people live, work and play is important to achieving and maintaining health and wellbeing, reducing transport costs and environmental sustainability.[42] Access to healthy foods is not shared evenly across the population with some groups more vulnerable to food insecurity. People in low and middle socioeconomic areas are more likely to be exposed to fast food outlets than those in high socioeconomic areas. The current production, distribution and consumption of food contribute significantly to environmental impacts in Australia, and food is wasted at every stage of the food system.[43] The declining availability of fossil fuels and the peak oil phenomenon will impact the production and distribution of food, creating long-term challenges for the provision of adequate food to growing populations. Local governments have an important role in planning for the future needs of the community and incorporating food security into policy and plans.

Food and nutrition and/or healthy eating is an identified priority state-wide through the *Victorian Public Health and Wellbeing Plan 2011-2015*, the *VicHealth Action Agenda 2013-2023* and a recommended priority for local governments by the *Heart Foundation of Victoria*.

## HEALTHY EATING BEHAVIOURS

Evidence suggests that when families eat together they consume more nutritious food and have healthier body weight than when individual members eat alone[44]. This is also linked to shaping eating and physical activity patterns, and positive mental wellbeing. Behaviours related to healthy eating were measured in the *2011 VicHealth Indicators Survey* using daily soft drink consumption and sharing a meal with family on five or more days in a week. 55.3% of Whitehorse residents share a meal with family on five or more days in a week. This is slightly less than the Eastern Metropolitan Region average 63.83% and less than the state average of 66.3%.

Consumption of high energy nutrient poor beverages such as soft drink are associated with an increased risk of weight gain, and at the population level obesity[45]. There is also a link to high cholesterol, osteoporosis and type 2 diabetes. Ten per cent of people in Whitehorse report consuming soft drink every day[46]. This is slightly lower than the state average of 12.4% and in the mid-range of the Eastern Metropolitan Region LGAs, ranging from 8-14%[47].

Inadequate consumption of fruit and vegetables has been identified as a risk factor in the development of a number of chronic diseases including coronary heart disease, stroke and many types of cancer[48]. Evidence regarding the protective effect of vegetables is stronger than that for fruit. In the *2011 Victorian Population Health Survey*, only 10 per cent of people in Whitehorse met the vegetable guidelines. This is higher than the state average of 7.2%, however is still a great concern for the Whitehorse community.

YOU SAID

*Food is becoming more and more expensive for families*

## FOOD SECURITY

In the *2007 Community Indicators Victoria survey*, 4.4% of Whitehorse residents had run out of food in the previous 12 months and could not afford to buy more[49]. This is consistent with the Eastern Metropolitan Region. In the consultation process many residents identified concerns with the growing costs for families as food prices increase.

### [FOOD SECURITY]

The World Food Summit of 1996 defined food security as existing "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life". Commonly, the concept of food security is defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences.

Food security is built on three pillars:

Food availability: sufficient quantities of food available on a consistent basis.

Food access: having sufficient resources to obtain appropriate foods for a nutritious diet.

Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation.

## OBESITY

The prevalence of obesity in Australia has more than doubled in the past 20 years[50]. Being overweight or obese is an important risk factor for developing type 2 diabetes, cardiovascular disease, hypertension, certain cancers, sleep apnoea and osteoarthritis. It is typically measured by calculating a person's Body Mass Index (BMI) which is their weight in relation to their height. In 2011, 42.5% of males were overweight, an increase from 41% recorded in 2008. In 2011, 17.8% of females were overweight, a reduction from the 2008 figure of 25%. The prevalence of type 2 diabetes in Whitehorse is 5.3%[51], the highest in the Eastern Metropolitan Region (average 3.9%) and higher than the Victorian average of 4.8%.

Improving Mental Wellbeing is a VicHealth priority for 2013-2023[52] and can be defined as the following: "Mental wellbeing is a dynamic state in which people are able to develop their potential, work productively and creatively, build positive and respectful relationships with others, and meaningfully contribute to the community"[53].

YOU SAID:
*Reinforce a sense of community belonging*

Some of the most powerful influences on mental wellbeing exist in the environments in which we live, learn, work, play and build relationships with one another. These influences can affect the likelihood of people being free from mental illness and having a greater sense of wellbeing. They particularly impact those whose circumstances have made them more vulnerable.

Social participation in activities such as volunteering and the arts has been shown to build social connectedness and is associated with a wide range of positive mental health outcomes. Local government has an important role in creating resilient and connected communities, and helping people to maintain and strengthen their mental wellbeing, even in the presence of stress and adversity.

## MENTAL HEALTH

In 2011, 11.1 per cent of people in Whitehorse reported high and very high levels of psychological distress, an increase from 9 per cent in 2008[54]. This is also higher than the Eastern Metropolitan Region average of 10 per cent. Mental health promotion has been identified as a priority for Victoria in the *Victorian Public Health and Wellbeing Plan 2011-2015* and is also a priority for some of Whitehorse's partner organisations.

Results from the *Victorian Population Health Survey (2008)* show the largest proportion of males with very high levels of psychological distress occurred among those who reported being non-drinkers (abstainers); current smokers; those who reported fair or poor health status; and those who reported being underweight. The largest proportion of females with very high levels of psychological distress occurred among those who reported being inactive (sedentary); non-drinkers (abstainers); not meeting either the fruit or vegetable guidelines; current smokers; and those who reported fair or poor health status. This shows a relationship between mental health and some of the other health issue priorities identified for Whitehorse.

## FEELING PART OF THE COMMUNITY

Community Connection was measured in the *2011 VicHealth Indicators Survey*. Respondents were asked to rate their satisfaction with feeling part of the community and answers are presented according to a 0-100 range. Normative data from the *Australian Unit of Wellbeing Index* (AUWBI) indicates that the average Community Connection Score for Australians is approximately 70. In comparison the average Community Connection score for persons living in Whitehorse was 69, while the Eastern Metropolitan Region average was 71.4 and the Victorian State average was 72.3. A

connection to the community, social networks and engagement were all identified as high priorities for the Whitehorse community as part of the consultation process.

## VOLUNTEERING

Volunteering was measured in the Department of Planning and Community Development *Community Strength Survey*. Respondents were asked whether or not they helped out as a volunteer. 35% of persons living in Whitehorse reported that they did, as compared with 41% for Victoria. Volunteering opportunities and the promotion of volunteering were identified as being highly valued in the consultation process.

YOU SAID:
*Encourage volunteer awareness and opportunities*

## CITIZEN ENGAGMENT

Data on the participation of Victorians in selected forms of Citizen Engagement were collected in the *2011 VicHealth Indicators Survey*. Respondents were asked if they had attended a town meeting or public hearing, met, called or written to a local politician, joined a protest or signed a petition in the previous 12 months.

54.1% of persons in Whitehorse had engaged in at least one of the selected activities in the previous year, rating in the mid-level of the LGAs in the Eastern Metropolitan Region. The Eastern Metropolitan LGAs range from 40% to 57.9%.

## PARTICIPATION IN THE ARTS

Participation in Arts and Culture was measured in the *2011 VicHealth Indicators Survey*. Respondents were asked if they had participated in a range of activities in the previous month, including painting, drawing, art and craft, playing musical instruments, singing, writing and performing.

70.7% of persons in Whitehorse had participated in at least one of the selected artistic and cultural activities in the previous month, above the state average of 63.6%. This is also on the higher end of LGAs in the Eastern Metropolitan Region, ranging from 61% to 71.7%.

## INTERNET ACCESS

The internet, including social networking, can positively influence health and wellbeing through promoting social connectedness and social networks[55]. Access to the internet is also beneficial for daily activities such as shopping, paying bills and work or education. In Whitehorse, 91 per cent of people have access to the internet at home. This is slightly less than the Eastern Metropolitan Region average of 91.65% and on the lower end of the LGAs in this region. Partly this could be attributed to Whitehorse's ageing population.

Housing affordability affects stability and people's sense of control over their lives. There is a relationship between losing the ability to pay for housing and a decline in mental health[56]. Housing affordability also affects other elements of living including the ability to purchase food. In 2012 the median house price in Whitehorse was $615,144[57]. This is considerably higher than the equivalent for the Melbourne Metropolitan area ($424,918). The City of Whitehorse has the 11th highest median house price of the 79 local governments in Victoria. The City of Booroondara has the highest median house price in the state, $1,250,000. The lowest median house price is found in the North-West Victorian region in Yarriambiack Shire Council with a median house price of $97,500.

YOU SAID:
*We need affordable housing options*

Numbers of people owning their own homes have fallen since the 2006 census, continuing a trend both in Whitehorse and Greater Melbourne. The number of people purchasing homes has fallen slightly, and there has been a continuing rise in the number of people entering the rental market. This is significant as it means more people within Whitehorse are susceptible to housing stress[58].

The *DHS Rental Report* provides a summary of the affordability of rental accommodation for lower income[k] households in Victoria. It measures the supply of affordable new lettings based on the Residential Tenancies Bond Authority data. The affordability benchmark used is that more than 30% of income is spent on rent. Affordable rental for low income households is very low in Whitehorse (2.5%), both relative to the region and to the Victorian totals (20.7%)[59].

Households are generally accepted to be in 'housing stress' when they spend more than 30% of their income on housing, particularly if they are in the lowest 40% of income earners. Such an outlay may affect their ability to meet other basic needs, particularly when they are in the lowest 40% of income earners. Using figures from the 2011 census, it estimated that 8.3% of mortgage holders and 9% of renters in Whitehorse are in housing stress. This is less than the equivalents for Victoria at 9.1% and 10.1% respectively. While on average housing stress in Whitehorse is less than for Victoria, this can mask the variation that exists within the municipality. Very high levels of housing stress exist around Box Hill (36-47% in some areas) and high levels of stress around Burwood, East Burwood, parts of Nunawading, Mitcham and Forest Hill.[60]

[k] Lower income households are defined as those on Centrelink incomes.

## WHAT ARE WE GOING TO DO?

Over the next four years, the City of Whitehorse will develop yearly action plans to address the Strategic Directions and Objectives outlined in this document and in the table below. The Directions and Objectives will be addressed using the environments for health framework – meaning there will be a strong focus to integrate health into the built, social, economic and natural priorities within the municipality.

Council will take the lead and facilitate conversations, advocate on local issues and develop strategies and programs that are within Council's domain. It will work also strongly in partnership with new and existing key organisations and community groups to meet the changing needs of the community. Actions will be addressed through existing and new internal plans, policies and strategies, and will ensure Council remains at the forefront of change within the municipality.

Council will work internally across departments, externally with all levels of government, with partner organisations and most importantly with the community to deliver *Health and Wellbeing in Whitehorse 2013-2017*. Together with the community's input, Council will also monitor its progress and evaluate its approach using yearly reviews and indicators throughout the next four years to ensure it is on track with the aims and objectives outlined in this Plan.

## IMPLEMENTATION, MONITORING AND REVIEW

### ANNUAL ACTION PLANS

The *Whitehorse Municipal Public Health and Wellbeing Plan 2013-2017* is a living, breathing document. Each year, in partnerships across Council and in collaboration with key organisations, an annual action plan will be developed against each of the objectives. The plan will be underpinned by the strategic directions and objectives and outline the specific actions Council will undertake in partnership to improve health and wellbeing. Health and wellbeing is constantly evolving so having an annual plan provides the flexibility to adapt to the changing environment and to work collaboratively, using current available evidence to guide action planning.

### ANNUAL REVIEW

In line with the *Public Health and Wellbeing Act 2008*, Whitehorse City Council will conduct an annual review of the Municipal Public Health and Wellbeing Plan, *Health and Wellbeing in Whitehorse 2013-2017*. The review will outline work undertaken, its effectiveness and the action plan for the following year.

### EVALUATION

Evaluation of the Plan is a requirement of the *Public Health and Wellbeing Act 2008*. It also provides a platform for learning about what has been successful and what can be done better. Evaluation also provides transparency and accountability for the community. An evaluation strategy will be developed to guide the process, using a number of qualitative and quantitative mechanisms to assess the impact of the Plan on the health and wellbeing of the community. As there are multiple players in the health and wellbeing space in Whitehorse, our partnerships will also be a critical aspect of evaluation. Essentially, evaluation tells us whether Council in partnership has implemented the stated action plans, had an influence on community health and wellbeing and will have a long term impact.

# APPENDICES

## APPENDIX A – FACTSHEETS

**Health and Wellbeing Factsheets**

## APPENDIX B – LEGISLATIVE AND REGULATORY CONTEXT

### THE PUBLIC HEALTH AND WELLBEING ACT 2008

The Victorian *Public Health and Wellbeing Act 2008* requires Councils to develop a Municipal Public Health and Wellbeing Plan every four years following the council election process (s.26). Under the requirements of the Act, the Municipal Public Health and Wellbeing Plan must:

- Examine data and evidence on health and wellbeing
- Involve the local community in its development
- Identify strategies to achieve maximum health and wellbeing of the community
- Specify how Council will work in partnership with other agencies to accomplish the strategies; and
- Provide a consistent message to that in the Council Plan and Municipal Strategic Statement[61].

The aim of the Victorian *Public Health and Wellbeing Act 2008* is to achieve the highest attainable standard of public health by reducing health inequalities, promoting environments in which people can be healthy, and the protection and prevention of disease, illness, injury, disability and death[62].

### LOCAL GOVERNMENT ACT 1989

The *Local Government Act 1989* outlines the requirements for local governments to prepare and adopt a Council Plan by 30 June in the year following a general council election. The Council Plan outlines the strategic objectives of the council and the way in which these objectives will be achieved and reported on.

The role of the Council is to provide leadership and governance to achieve the best outcomes for the community through advocacy, decision making and action. The *Local Government Act 1989* provides for Councils to be accountable to their local communities in the performance of functions, exercise of powers and the use of resources[63].

It is a requirement that the Municipal Public Health and Wellbeing Plan is consistent with the Council Plan.

### PLANNING AND ENVIRONMENT ACT 1987

The *Planning and Environment Act 1987* requires local governments to prepare a Municipal Strategic Statement (MSS) outlining the land use planning and development objectives for the municipality. The MSS sits within the Whitehorse Planning Scheme (Local Planning Policy Framework) and reflects how land in Whitehorse may be used and developed. The MSS must be consistent with the Council Plan and overall direction of the Council.

The Municipal Public Health and Wellbeing Plan must be consistent with the MSS to ensure health and wellbeing is a consideration of any planning and development.

## CLIMATE CHANGE ACT 2010

The *Climate Change Act 2010* recognises that responding to climate change is a responsibility of all levels of government and Victoria is particularly vulnerable to the adverse effects of climate change. The Act requires a number of government decision-makers to take climate change into account when making decisions[64]. A changing climate may directly or indirectly impact health and wellbeing and as such, the Act requires local governments to consider climate change when preparing a Municipal Public Health and Wellbeing Plan.

## VICTORIA'S CHARTER OF HUMAN RIGHTS AND RESPONSIBILITIES ACT 2006

*Victoria's Charter of Human Rights and Responsibilities Act 2006,* outlines the basic human rights of all people in Victoria. The twenty fundamental rights contained in the legislation promote and protect the freedom, respect, equality and dignity of all people in Victoria.

The Charter requires that all levels of governments and other public authorities comply with these rights and consider the relevant human rights contained in the legislation when developing laws, policies and when making decisions.

## APPENDIX C – POLICY CONTEXT

Please note, this is a summary of some of the key policies which have fed into *Health and Wellbeing in Whitehorse 2013-2017*, however this is not an exhaustive list. There are a number of other policies and plans considered as part of this process.

### NATIONAL

#### NATIONAL PARTNERSHIP AGREEMENT ON PREVENTATIVE HEALTH

The *National Partnership Agreement on Preventative Health* was announced in 2008 and is a significant investment by the Australian Government towards health prevention in Australia.

The National Preventative Health Agency is an initiative of the National Partnership Agreement on Preventative Health and was established following commencement of the *Australian National Preventative Health Agency Act 2010* to promote health and reduce health risk and inequalities. The Agency's focus is on:

- Obesity
- Tobacco
- Alcohol[65]

#### NATIONAL HEALTH PRIORITY AREAS INITIATIVE

The National Health Priority Areas Initiative is endorsed by the Commonwealth and all State and Territory Governments. The aim is to focus attention on diseases or conditions that have a major impact on the health of Australians. The nine priority areas are as follows:

- Arthritis
- Asthma
- Cancer
- Cardiovascular Disease
- Dementia
- Diabetes
- Injury
- Mental Health
- Obesity[66]

### STATE

#### VICTORIAN HEALTH PRIORITIES FRAMEWORK 2012-2022: METROPOLITAN HEALTH PLAN

The *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan* outlines a 10 year plan for developing an integrated and coordinated healthcare system. The Plan sets out seven priority areas for metropolitan and health planning into the future:

- Developing a system that is responsive to people's needs
- Improving every Victorian's health status and experiences

- Expanding service, workforce and system capacity
- Increasing the system's financial sustainability and productivity
- Implementing continuous improvements and innovation
- Increasing accountability and transparency
- Utilising e-health and communications technology

The Plan recognises the key contribution local government's Municipal Public Health and Wellbeing Plans and services play in promoting healthy communities[67]

### VICTORIAN PUBLIC HEALTH AND WELLBEING PLAN 2011-2015

As mentioned above, the first *Victorian Public Health and Wellbeing Plan 2011-2015* articulates an approach to prevention to improve the health of all Victorians, with particular emphasis on people experiencing poorer health outcomes[68]. The Victorian Public Health and Wellbeing Plan is a requirement under the *Public Health and Wellbeing Act 2008* and recognises the importance of contributions from all levels of government to improving health and wellbeing.

The *Victorian Public Health and Wellbeing Plan 2011-2015* identifies the following priority areas for action:

| CONTINUE TO PROTECT THE HEALTH OF VICTORIANS | KEEP PEOPLE WELL | STRENGTHEN PREVENTATIVE HEALTHCARE |
|---|---|---|
| – Communicable disease prevention and control<br>– Immunisation<br>– Environmental health<br>– Food Safety<br>– Incident and emergency response | – Healthy eating<br>– Physical activity<br>– Tobacco control<br>– Oral health<br>– Alcohol and other drug use<br>– Sexual and reproductive health promotion<br>– Mental health promotion<br>– Injury prevention<br>– Skin cancer prevention | – Cancer screening<br>– Newborn screening<br>– Early intervention |

### VICHEALTH ACTION AGENDA FOR HEALTH PROMOTION 2013-2023

VicHealth has established a 10 year strategic vision for Victoria where everyone can enjoy better health. The following five strategic imperatives aim to add value to the Victorian prevention system and align with the priorities of the *Victorian Public Health and Wellbeing Plan 2011-2015*:

1. Promote Healthy Eating
2. Encourage Regular Physical Activity
3. Prevent Tobacco Use
4. Prevent Harm from Alcohol
5. Improve Mental Wellbeing

## APPENDIX D – COMMUNITY ENGAGEMENT

### DRAWING

Brief consultation was undertaken with 66 children at the 2012 Spring Festival. Children were asked to draw a picture of something that is important to them in Whitehorse, or what they most like about living in Whitehorse.

### PICTURE SURVEY

A one page picture survey was distributed with the Whitehorse Leader Newspaper. The picture survey asked respondents to choose their top three priorities from a total of eighteen priority areas. Priority areas were identified based on areas Council has the capacity to influence, along with feedback received on reviewing the previous survey conducted for the Municipal Public Health and Wellbeing Plan, *Whitehorse Community Wellbeing Plan 2009-2013* in 2009. There was also an option to identify a topic that was not listed. Priorities were supported by pictures and with instructions in four different languages (English, Chinese, Italian, Greek) to increase accessibility.

Whitehorse Community Health Service provided support by visiting disadvantaged groups in the community and supporting their completion of the survey. A targeted letter was also sent to 1000 residents who had identified an interest in being kept informed of consultations from the *Whitehorse Community Wellbeing Plan 2009-2013*.

In January 2013 the City of Whitehorse surveyed residents to identify their recommended priority areas for Council. Over 2,000 picture survey responses were received with over 500 additional comments.

### YOUR SAY WHITEHORSE

For the first time, Whitehorse City Council undertook online engagement as part of the consultation process. An interactive online feedback platform titled *Your Say Whitehorse* was launched in January 2013. The tool was a convenient and quick option for the community to participate and contribute to discussions and surveys about what they saw as priorities for council to consider. *Your Say Whitehorse* attracted 439 unique visitors with 100 participating in the Council Priorities Survey.

### WORKSHOPS

As part of the combined process, in-person workshops were conducted with Council staff, councillors, community members and community agencies in 2012. In February 2013, two community workshops were held with seventy participants in attendance.

### PRIORITY TESTING SURVEY

Following the consultations mentioned above, the raw data was themed and key areas for Whitehorse to focus on were identified. A gap identification was undertaken in the form of a priority testing survey conducted in June 2013 – to check if any priorities had been missed.

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*Table 1 – Health and Wellbeing Objectives*

| STRATEGIC DIRECTION 1<br>SUPPORT A HEALTHY, VIBRANT, INCLUSIVE AND DIVERSE COMMUNITY | STRATEGIC DIRECTION 2<br>MAINTAIN AND ENHANCE OUR BUILT ENVIRONMENT TO ENSURE A LIVEABLE AND SUSTAINABLE CITY | STRATEGIC DIRECTION 3<br>PROTECT AND ENHANCE OUR OPEN SPACE AND NATURAL ENVIRONMENTS | STRATEGIC DIRECTION 4<br>STRATEGIC LEADERSHIP AND OPEN AND ACCESSIBLE GOVERNMENT | STRATEGIC DIRECTION 5<br>SUPPORT A HEALTHY LOCAL ECONOMY |
|---|---|---|---|---|
| **OBJECTIVE 1**<br>To identify and respond to emerging health priorities across the lifespan* | **OBJECTIVE 1**<br>To integrate health outcomes when considering land use planning and urban design projects | **OBJECTIVE 1**<br>To minimise the impacts of climate change on our natural environment and promote efficient use of resources* | **OBJECTIVE 1**<br>To strengthen and build partnerships to achieve a collaborative approach to health and wellbeing | **OBJECTIVE 1**<br>To advocate for increased affordable housing* |
| **OBJECTIVE 2**<br>To work in partnership to support access to culturally appropriate health services, including preventative and protective health services* | **OBJECTIVE 2**<br>To create built environments that make it easier for people to be physically active | **OBJECTIVE 2**<br>To develop a municipality which retains, enhances and increases open space and sustainable streetscapes* | **OBJECTIVE 2**<br>To use evidence-based practice to guide policy and decision making | **OBJECTIVE 2**<br>To improve access to affordable, nutritious, safe and culturally appropriate foods |
| **OBJECTIVE 3**<br>To promote gender equity and equal and respectful relationships* | **OBJECTIVE 3**<br>To create safe, inclusive and accessible environments for all* | **OBJECTIVE 3**<br>To minimise the impact of climate change on residents, particularly those most vulnerable | **OBJECTIVE 3**<br>To enhance reporting and accountability of health and wellbeing outcomes to the community | **OBJECTIVE 3**<br>To support planning a healthy community and business mix, increasing opportunities to live, work and play in Whitehorse |
| **OBJECTIVE 4**<br>To provide opportunities for increased social connections through participation in arts and culture, recreation, sporting and other community activities* | **OBJECTIVE 4**<br>To advocate and plan for integrated transport connections to provide increased opportunities for active living and local employment* | | | |
| **OBJECTIVE 5**<br>To encourage social and cultural environments that value people in all their diversity | | | | |

*Objectives which are also in the Council Plan 2013-2017

*Health and Wellbeing in Whitehorse 2013-2017* will be implemented with actions underneath each of the objectives to address the health and wellbeing priorities

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